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promptly isolated eleven days ago, as soon as the eruption was discovered, and every one on board vaccinated. The case and contact and their effects were removed to the quarantine station, and the quarters occupied by them disinfected by the station force. The ship then sailed for San Francisco.

INDIA.

Report from Calcutta—The plague situation.

Passed Assistant Surgeon Sprague, at Calcutta, reports, January 21, as follows:

Plague is classed by most authors among the tropical diseases, and it has been in recent years fairly closely confined to tropical and subtropical countries; but that warmth alone is essential to the occurrence of the disease is negatived by its present existence in the north of India, Kashmir, where, owing to the altitude, the temperature approaches that of the frigid zone, and all the way south to the Madras Presidency, with its mid-tropical climate. It is said to be found among the hill people in greater or less malignancy in all seasons, and by some authorities the disease is considered endemic in this area. It certainly has existed there for many years, although its true nature may not have been recognized.

With improved means of travel this section has been brought into more intimate relations with other communities, in many of which plague has thriven with more virulence than in what may be termed its native habitat.

The following figures would indicate that the seed has not been scattered over entirely unproductive soil:

Deaths from plague.

1900	92,807
1901	283,788
1902	548,315
1903	848,877

During the years included in the above figures every one of the 21 states or provinces of India has been invaded to a greater or less extent. The months of February, March, and April have been credited each year with the largest number of deaths. In the latter weeks of April the decline has begun and continued into July or August, when the death rate has begun gradually to increase and to attain its maximum as before stated.

Plague has been studied in India, so that the lines along which it spreads are now considered characteristic. It generally follows rapidly along trade routes and progresses very slowly in the agricultural districts. Seasonally the epidemics follow with more or less gradual extension the course of preceding years. It is comparatively quiet during the hot weather and the season of rains—July to November. In one district, Saran, it has been noted that while the towns attacked remained almost free during the last half of the year, in the rural districts the disease continued throughout the year.

Great difference of opinion as to the manner in which plague is conveyed from person to person exists among those whose experience gives them authority to speak upon the subject, but all agree that filth, crowding, and ill ventilation play their part, and in the centers of the disease these conditions are always encountered. Some with whom I have spoken do not credit the rat with influence in the spread of the infection, but their reasons are not entirely clear. In India where the native huts are low, squatty structures without windows and with no artificial floors, crowded almost to suffocation, infested with rats and other vermin capable of conveying the infection, the conditions are such as to give rise to the figures given above.

Pilgrimages in connection with religious observances are almost constantly being made in some parts of India. Their influence in the spread of infection need not be dwelt upon, because of the numerous instances in which it has been recognized. Recently at Puri, in the southern part of the Bengal Presidency, where there is a particularly sacred temple, the daily railroad receipts from the sale of tickets suddenly increased about one hundred fold and amounted to thousands of rupees. The pilgrims are not all by any means able to utilize the railroad as a means of transportation. Those that are not usually start for home practically penniless, and in begging and lodging come in contact with many people. An epidemic disease having developed among the devotees, as is not infrequently the case, abundant means are promptly provided for its spread even into remote districts.

In this particular instance the health authorities of the presidency assumed charge of affairs, doing their best to maintain sanitation, and as yet, fortunately, no evil results from disease are known to have followed the gathering. At the present time in the various presidencies similar precautions are taken whenever possible.

With the extension of the commercial relations of this country which is in progress and is bound to continue, there is a constantly increasing danger to foreign countries. For the last week of December, 1903, the deaths numbered 15,606. More than one-half of the provinces from Kashmir to Madras are infected, and during the year practically all the provinces have contributed to the total.

The presidency of Bengal had the largest number of deaths from plague in 1900, but the following year Bombay Presidency fell into first place and has maintained the supremacy ever since. For the week above mentioned she led, with 6,726 deaths, and the united provinces of Agra and Oudh, in the central north, came next with 2,522 deaths.

Plague has become so common among the natives that they now pay very little attention to its ravages. They rarely become in any degree panic stricken. Something like fatalism in considering the bacillus pestis a form given to some departed soul performing its legitimate function, has its influence in many instances in creating an indifference to its fatal work.

There is a special tendency among the Mussulmen, who constitute a large percentage of the population, to conceal cases, especially among the females.

In the carrying out of the preventive measures in the rural districts there seems to be little objection to vaccination among the natives, and in many places inoculation of Haffkine's toxin is accepted with fairly good grace. As in some instances these inoculations are only made upon applicants, leaving it entirely to the pleasure of the native, the number thus protected is comparatively small. In the cities measures toward the eradication of the infection are not so well received. The intelligent and energetic efforts of the health officer of Calcutta, some two years ago, were met by almost riotous opposition, compelling their abandonment. The attitude of the educated native controls the masses in matters of this nature, and there is abundance of evidence that nothing can be accomplished worth the effort when any of their religious rites and customs are apparently interfered with.

Disinfection is not at all popular. Many houses have later become reinfected from rats or persons, which may have had its influence upon the popularity of sulphur gas, the usual agent. Haffkine's inoculations are generally considered more efficient in controlling the disease than disinfections. In the Punjab, where the death rate has recently exceeded 1,500 per week, it is reported that some headway against the ravages of the disease has been made by the systematic and repeated use of inoculations, combined with segregation and thorough disinfection.

Now that plague has gained such a hold throughout India, it is difficult to prophesy as to its future course and termination. With the forcible opposition to attempts at its control in some of the centers in which it may be expected most certainly to retain its hold, it almost seems that about all that can be looked for is the natural subsidence which has been known to occur in the past.

Report from Bombay—Work of the plague research laboratory on inoculations against plague and on snake venom—Plague mortality.

Acting Asst. Surg. Edward H. Hume reports, January 23, as follows:

During the past week Dr. W. M. Haffkine has handed to me a number of pamphlets and reprints concerning the work of the plague research laboratory here. They are on two distinct lines:

1. Plague investigations, including Doctor Haffkine's summary as to the health of the inoculated; a report of observations in Aden; a study of the effect of germicides on *B. pestis*, and Major Bannerman's summary for 1897–1900.
2. Investigations on snake venom, by Captain Lamb and Doctor Hanna.

I have to report that further study on snake venom is not now being conducted in Bombay, because the horses which are being immunized for the preparation of antivenene do not react so well in this climate as they would upcountry. For this reason Captain Lamb is now continuing his studies at Kussauli, an upcountry station. A considerable number of cobras and Russell's vipers are still kept in the Bombay laboratory, and the venom, extracted once in two weeks, is dried and forwarded to Kussauli. The process of extracting this venom from both varieties of snakes is very interesting.

Doctor Haffkine has also asked me to call your attention to the alterations necessarily introduced in India in making the prophylactic, on account of the vegetarian principles of the Hindoos and the universal hatred of anything prepared from the body of the pig. The most important alterations recently adopted are these:

1. The use of an artificial method of peptonizing meat. To every kilo of goat's meat 150 cubic centimeters of hydrochloric acid are added and the mixture heated for six hours at a temperature of 144° C. (Beef would be objectionable here, and peptone is ordinarily made from pigs' stomachs, etc.) Starting with the above formula and heating as described, at the end of the process a large excess of acid remains and has to be neutralized with caustic soda. This produces sodium chloride in excess, and the mixture has to be greatly diluted. To avoid these